

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 APR 27 PM 2:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000067995

1. Corporation Name

MAINS SAW COMPANY

Principal Place of Business

Mailing Address

~~4555 EMERSON EXPRESSWAY, STE. 100~~  
JACKSONVILLE FL 32207

~~4555 EMERSON EXPRESSWAY, STE. 100~~  
JACKSONVILLE FL 32207



REINSTATEMENT

97-100

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
1301 Riverplace Blvd., #1609

3. New Mailing Office Address, If Applicable  
1301 Riverplace Blvd., #1609

4. Date Incorporated or Qualified  
To Do Business in Florida

07/22/1998

Suite, Apt. #, etc.  
Suite 1609

Suite, Apt. #, etc.  
Suite 1609

5. FEI Number  
59-3534837

Applied For

Not Applicable

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

Zip  
32207

Country  
USA

Zip  
32207

Country  
USA

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SHIRLEY, PAUL D	<del>4555 EMERSON EXPRESSWAY, STE. 100</del>	JACKSONVILLE FL 32207
D/P	Shirley, Paul D.	1301 Riverplace Blvd., #1609	Jacksonville, FL 32207
D/VP	Mains, Doug	1301 Riverplace Blvd., #1609	Jacksonville, FL 32207
D/S/T	Peek III, Eugene G.	1301 Riverplace Blvd., #1609	Jacksonville, FL 32207
			400003247444--3 -05/11/00-01009--007 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

SHIRLEY, PAUL D  
4555 EMERSON EXPRESSWAY, STE. 100  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name  
Eugene G. Peek III  
Street Address (P.O. Box Number is Not Acceptable)  
1301 Riverplace Blvd., #1609  
Suite, Apt. #, Etc.  
Suite 1609  
City  
Jacksonville  
State  
FL  
Zip Code  
32207

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Eugene G. Peek III Date 4/13/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul D. Shirley, President 4/13/00

Date

Daytime Phone #

KE

904-399-1609

CR2E040 (8/99)